

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9666502

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		31					62						
13	/						63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19		/					69						
20	#	/					70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27	/						77						
28	/						78						
29	/		/				79						
30		/					80						
31		/					81						
32	/						82						
33	/		/				83						
34			/				84						
35							85						
36							86						
37							87						
38							88						
39							89						
40			/				90						
41							91						
42							92						
43							93						
44			/				94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	26						TOTAL IND.						
TOTAL DEP.	27	56					TOTAL DEP.						
TOTAL CLAIMS	29						TOTAL CLAIMS						